

STATE DEPARTMENT OF HUMAN SERVICES
Division of Substance Abuse
120 North 200 West, Room 201
Salt Lake City, Utah 84103

A P P L I C A T I O N
For
Delivery of DUI Educational Series

-Submit 60 Days Before Effective Date-

- I. Program Name: _____
- Address: _____
- _____
- _____
- Phone: _____
- Name of Administrator/Director: _____
- Governing Body: _____
- Program License # _____

Address of other program delivery sites:

1. _____
- (Street)
- _____
- (City & State) (Zip) (Phone)
2. _____
- (Street)
- _____
- (City & State) (Zip) (Phone)

- II. Certified Instructors Employed by Program:*

NAME	DATE OF EXPIRATION OF CERTIFICATION:

*Certified by the State Division of Substance Abuse.

- III. Submit the following with this application:
- A. Brief description and purpose of program, plus explain program's relationship with other components of the local DUI system, i.e., courts, police, probation, and parole, AA, NA, Local Substance Abuse Authority, etc.
 - B. Geographical area to be served.
 - C. Ownership and person or group responsible for program operation.
 - D. A description of when and where classes will be held.
- IV. The program must be able to meet all criteria outlined in the Utah Standards for Approval of Alcohol and Drug Educational Programs for Court-Referred DUI Offenders, as attached.

A S S U R A N C E S

- I. I attest to the validity of the information I am providing in this application.
- II. I agree to comply with the Department of Human Services Office of Licensing and the Division of Substance Abuse rules that govern the licensing/approval of Alcohol and Drug Educational Programs for Court-Referred DUI Offenders. I also agree to comply with all applicable local, State and Federal laws and regulations.

Signature of Program Administrator/Director

Date